



Rec'd PCT/PTO 02 NOV 2005

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled OPTICAL SYSTEM AND USE THEREOF FOR DETECTING PATTERNS IN BIOLOGICAL TISSUE, the specification of which

(check one) ☐ is attached hereto. ☒ was filed on March 15, 2005, as United States Application Serial No. 10/527,857 or PCT International Application No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or (f), or 365 (b), of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below, and I have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority claimed

<input checked="" type="checkbox"/> <u>PCT/CA2003/001372</u>	<u>September 16, 2003</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
(Number)	(Country)	Day/month/year filed
		Yes No
		<input type="checkbox"/> <input type="checkbox"/>
		Yes No
		<input type="checkbox"/> <input type="checkbox"/>
		Yes No
		<input type="checkbox"/> <input type="checkbox"/>
		Yes No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

_____ (Application No.)	_____ (Filing Date)
_____ (Application No.)	_____ (Filing Date)
_____ (Application No.)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

(Application No.)	(Filing date)	(Status: patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint, jointly and severally, all of the practitioners associated with Customer Number 22440 as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence and telephone calls to Jeffrey M. Kaden at the address and telephone number associated with the Customer Number identified above.

1-0 Full name of sole or first inventor MCCONNELL, Peter R. H.
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2-0 Full name of second joint inventor, if any ADAMS, Bruce W.
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Full name of third joint inventor, if any _____
 Inventor's Signature _____ Date _____
 Residence _____
 Citizenship _____
 Post Office Address _____

Full name of fourth joint inventor, if any _____
 Inventor's Signature _____ Date _____
 Residence _____
 Citizenship _____
 Post Office Address _____

Full name of fifth joint inventor, if any _____
 Inventor's Signature _____ Date _____
 Residence _____
 Citizenship _____
 Post Office Address _____

Full name of sixth joint inventor, if any _____
 Inventor's Signature _____ Date _____
 Residence _____
 Citizenship _____
 Post Office Address _____

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